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MISSOURI DEPARTMENT OF NATURAL RESOURCES WASTE MANAGEMENT PROGRAM

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

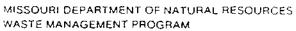
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2. TRANSPORTER 3. TREATER/STORER/DISPOSER											☐ a. GENERATOR MARKETING TO BURNER																		
4. UNDERGROUND INJECTION											☐ b. OTHER M																		
5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below)																													
☐ A. GENERATOR MARKETING TO BURNER ☐ B. OTHER MARKETER ☐ C. BURNI								ED																					
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ources your insta	llation b	andles	. Below	each	Մատը։ Մատ	er, ente	r mont	hly gen	ieratior	n amoi	ant in p	ounds a	and fre	quenc	y code	A. B. c	or C.			т.
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SOURI GENER	RATOR VE BLA	the n 938 ID N	IC Entenonthly O libs. UMBE	or the gene 7 C	MIS PRE	SSOU VIOU:	0 2 IRI RI SLY A	o lbs. EQUI	5 C RED NED)	ies ead	30 It Was D	racteris ste 0 4547	otic tox Dil-l	8 C	ode	low ea	ch num	nber, en	<u></u>	
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MOUNT AND FREQUENCY SSOURI GENER INCIPAL BUSIN C. CODE (LEAV IECK THIS BOX CERTIFICATI Curtify under pentity under	RATOR NESS A VE BLA ON alty of thesed accurs	the normal state on my are, and	IC Entenonthly O loss UMBE ITY UNC NERA at 1 h y inquid con	C CERT. TE/A	MIX PRE Them CCU	SSOU VIOUS ical MULA	SLY A Spec	lbs. EQUI	SED NED) Lies 2 HAN d amprately e are	INFO O A RE tamuli	30 III ch char Was D DRMA 04503	ATION ATION ATION ABLE h the external penalt	otic tox Dil-1 9 7 lbs. N	8 C	y subm	nitted	in this at belie infor	ibs.	ell atta	nitt











CONTINUATION SHEET FOR NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY	SEE INSTRUCTIONS ON REVERSE SIDE
Calgon Vestal Laboratories	
P.O. Box 147	St. Louis STATE ZIP COOE 63166
III IDENTIFICATION NUMBERS IF PREVIOUSLY ASSIGNED	······································
	1 0 5 MISSOURI NO. 0 0 4 5 0 3
IV HAZARDOUS WASTE DESCRIPTION	
Enter the four-digit EPA waste number from 40 CFR Part 261 for each amount in pounds and frequency code A, B, or C	additional waste. Below each EPA waste number entered, enter the monthly generation
WASTE I.D. NO. U O 4 4 U AMOUNT AND 1 Inc. C	2 3 9 U O 3 1 P O 9 8
FREQUENCY 1 15s. C	l ibs. C l ibs. C
WASTE I.D. NO. D 0 1 1 D	0 0 9
FREQUENCY 1 Ibs. C	1 tbs. C tbs.
WASTE I.D. NO.	
AMOUNT AND FREQUENCY Ibs.	ibs. i bs.
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FREQUENCY Ibs.	
WASTE I.D. NO.	
FREQUENCY 105.	105. 105.
V CERTIFICATION	
I certify under penalty of law that I have personall	y examined and am familiar with the information submitted in this
	inquiry of those individuals immediately responsible for obtaining
the information. I believe that the submitted information	mation is true, accurate, and complete. I am aware that there are
significant penalties for submitting false information	. including the possibility of fine and imprisonment.
	ame and Official Title (TYPE OR PRINT) Idon R. Jackson, Plant Manger 3-24-92

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